

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	CV	503	08-24-0
<b>RESPONSE FORMALITY REVIEW</b>	SC	809	1025-01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	3/14/
Original	3/14/
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If more than 150 claims or 10 actions  
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10/25/01  
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